MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10410

CERTIFICATE OF DEATH

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN BOONSBORO
LENGTH OF STAY (in this place) 3 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GUILFORD NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND. COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FREDERICK 10.11.2
STREET ADDRESS (If rural give location) 299 DILL AVENUE

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) AGUSTUS (Last) ABB

4. DATE OF DEATH: (Month) 10 (Day) 6 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: MAY-19-1876

9. AGE Last birthday: 77 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: FARM OWNER

11. BIRTHPLACE (State or foreign country): MARYLAND.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN ABB

14. MOTHER'S MAIDEN NAME: RUANNA BOAST.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-12-7477A

17. INFORMANT & ADDRESS: IRVING A. ABB - 299 DILL AVE FREDERICK MD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Generalized arteriosclerosis — Interval Between Onset And Death: 8 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Haemorhage — 2 hrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT (Specify) SUICIDE HOMICIDE

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 10, 1953, to Oct 6, 1953, that I last saw the deceased alive on Oct. 5, 1953, and that death occurred at 9:10 AM, from the causes and on the date stated above.

SIGNATURE D. W. Lehan (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF Oct. 8. 1953

NAME OF CEMETERY OR CREMATORY MT. OLIVET CEMETERY

LOCATION (City, town, or county) FREDERICK (State) MD.

DATE REC'D BY LOCAL REGISTRAR Oct. 8. 1953

REGISTRAR'S SIGNATURE John D. Root

24. FUNERAL DIRECTOR M. R. ETCHISON AND SON, FREDERICK, MD ADDRESS

RECEIVED
OCT 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10411

Reg. Dist. No. 30-3

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN Conococheague Md; LENGTH OF STAY (in this place) 5 Month; HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Convelescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington; CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Clearspring Md RFD #1; STREET ADDRESS (If rural give location) Big Spring Md.

3. NAME OF DECEASED: (First) Howard (Middle) Newcomer (Last) Ankeney

4. DATE OF DEATH: (Month) Oct. (Day) 10 (Year) 1953

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 4 1872

9. AGE Last birthday: 81 yrs. Months 9 Days 5 Hours Min. IF UNDER 1 YEAR IF UNDER 24 HRS.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Retired Postmaster

10b. KIND OF BUSINESS OR INDUSTRY: U.S Post Office

11. BIRTHPLACE (State or foreign country): Charlton Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Freeland H. Ankeney

14. MOTHER'S MAIDEN NAME: Maria Grosh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Miss Louise Ankeney Big Spring Clearspring Md RFD #1

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) Hypertensive arteriosclerotic Heart Disease. — Interval Between Onset And Death: unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Lobar Pneumonia — 2 days

19a. DATE OF OPERATION: June 24, 1953

19b. MAJOR FINDINGS OF OPERATION: Benign Prostatic Hypertrophy

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1953, to Oct 10, 1953, that I last saw the deceased alive on Oct. 10, 1953, and that death occurred at 12:50 PM, from the causes and on the date stated above.

SIGNATURE (Degree or Title) Curtis Robert Cohen M. D. ADDRESS Clear Spring, Maryland DATE SIGNED October 12, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Oct. 12-53; NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery; LOCATION (City, town, or county) (State) Western Pike Md.

DATE REC'D BY LOCAL REGISTRAR Oct-12-53; REGISTRAR'S SIGNATURE Leroy M. Fahler

24. FUNERAL DIRECTOR ADDRESS Albert E. Leaf Williamsport Md.

RECEIVED
OCT 16 1953
BUREAU V. S.

10412

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: WASHINGTON — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN
LENGTH OF STAY (in this place): 3 - WEEKS
HOSPITAL OR INSTITUTION — STREET ADDRESS: WASHINGTON

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BOONSBORO
STREET ADDRESS (If rural give location): 103 N. MAIN ST.

3. NAME OF DECEASED (Type or Print): (First) CAROLINE (Middle) KUEBLER (Last) BAST

4. DATE OF DEATH: (Month) OCTOBER (Day) 11 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: FEB-17-1901

9. AGE last birthday: 52-7-24 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): READING PENNA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: REV. CHARLES M. SPARROW

14. MOTHER'S MAIDEN NAME: NORA B. RAPP

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT: JOHN H. BAST 103 N. MAIN ST. BOONSBORO MD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive cardio-vascular disease — Interval between onset and death: 5 yrs

445X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1953, to Oct 11, 1953, that I last saw the deceased alive on Oct-10, 1953, and that death occurred at 10:05 A.M., from the causes and on the date stated above.

SIGNATURE: W. W. Bay (Degree or title) M.D. ADDRESS: Boonsboro DATE SIGNED: 10/12/53

23. BURIAL, CREMATION, REMOVAL (Specify): INTERMENT — DATE THEREOF: OCT. 13. 1953 — NAME OF CEMETERY OR CREMATORY: BOONSBORO MAUSOLEUM — LOCATION (City, town, or county) (State): BOONSBORO WASH. CO. MD.

DATE REC'D BY LOCAL REG.: Oct. 12. 1953 — REGISTRAR'S SIGNATURE: Chas. H. Powers

24. FUNERAL DIRECTOR: WM. F. BAST AND SONS — ADDRESS: BOONSBORO MD.

RECEIVED
OCT 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10413

CERTIFICATE OF DEATH

Dr Cohen

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 63

LENGTH OF STAY (in this place) 10 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 63

STREET ADDRESS (If rural give location) Wash. County Home

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) ASHBY (Last) BECKLEY

4. DATE OF DEATH: (Month) Oct (Day) 19 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: June 27 1871

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Big Pool Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Beckley

14. MOTHER'S MAIDEN NAME: Mary I. Hershey

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ———

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Frederick H. Beckley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442x

Immediate cause (a) CHRONIC NEPHROSCLEROSIS — Interval Between Onset And Death: UNKNOWN

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) ARTERIO SCLEROTIC HYPERTENSIVE

DUE TO (c) HEART DISEASE — Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Terminal Bronchopneumonia — 3 days

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/14/, 1953, to 10/19/, 1953, that I last saw the deceased alive on 10/19, 1953 and that death occurred at 10:40 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Allie Robert Cohen M.D. ADDRESS CLEAR Spring Md. DATE SIGNED 10/21/53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial — DATE THEREOF 10/21/53 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 10. 1953 — REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Andrew K. Hoffman ADDRESS Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
OCT 23 1953
BUREAU V. S.

Film#G159 Item# 9 11/12/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10414 Dc

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

COUNTY: Washington — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leitersburg Md

LENGTH OF STAY (in this place): life

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. — COUNTY: Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leitersburg

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Katherine (Middle) S. (Last) Bell

4. DATE OF DEATH: (Month) (Day) (Year) 10/23 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.

8. DATE OF BIRTH: July 15 1869

9. AGE last birthday: 83 84 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Leitersburg Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Strite

14. MOTHER'S MAIDEN NAME: Esther Ann Shank

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Franklin A. Bell, Leitersburg Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 Immediate cause	(a) Acute Myocardial infarction	4 hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arterio sclerotic heart disease	15 years
	DUE TO (c) Generalized arterio-sclerosis	20 years
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diffuse Bronchiectasis - Rt	20 years.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1953, to Oct 23, 1953, that I last saw the deceased alive on Oct 23, 1953, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wallis H Wishard M.D. — ADDRESS: 152 Domain Waynesboro Pa. — DATE SIGNED: 10-24-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF:** 10/26/53 — **NAME OF CEMETERY OR CREMATORY:** Leitersburg C — **LOCATION** (City, town, or county) (State): Leitersburg Md.

DATE REC'D BY LOCAL REGISTRAR: 10-25-53 — **REGISTRAR'S SIGNATURE:** Geo W Ferguson

24. FUNERAL DIRECTOR — **ADDRESS:** Walter Y Stover, Waynesboro Pa.

RECEIVED
OCT 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 304

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural 2 Hancock Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural 2 Hancock Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Hezekiah (Middle) Paul (Last) Bivens

4. DATE OF DEATH: (Month) 10. (Day) 21 (Year) 19 53

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3.18.81
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months 8 Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Franklin County Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Powell P Bivens
14. MOTHER'S MAIDEN NAME: Jane Payton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 184-12-5576
17. INFORMANT & ADDRESS: Mrs Alta Bivens Hancock R.F?D.2.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2 Immediate cause (a) Congestive Heart Failure — Interval Between Onset And Death: 2 Days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Myocarditis — 1 yr

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1952, to 10/29/53, that I last saw the deceased alive on 10/19/53 19 , and that death occurred at Home Hancock from the causes and on the date stated above.

SIGNATURE (Degree or title) H E Stable, Md. ADDRESS Hancock Md DATE SIGNED 10/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10.25.53
NAME OF CEMETERY OR CREMATORY Little Cove Cemetery Pa
LOCATION (City, town, or county) (State) Little Cove Franklin Penna.
DATE REC'D BY LOCAL REGISTRAR 10/24/53
REGISTRAR'S SIGNATURE H E Stable
24. FUNERAL DIRECTOR Howard J Grove ADDRESS Hancock Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
OCT
BUREAU V. S.

Film #G 158 Item No. 4, 22 10/13/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 1 year; HOSPITAL OR INSTITUTION OR STREET ADDRESS Hagerstown

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 600 George Street

3. NAME OF DECEASED (Type or Print): (First) Gardner; (Middle) Calvin; (Last) Bowers

4. DATE OF DEATH: (Month) Oct. (Day) 2 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 10-21-1900

9. AGE last birthday: 52 yrs. If under 1 year: Months 11 Days 12 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Sharpesburg, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas V. Bowers

14. MOTHER'S MAIDEN NAME: Nannie Schoppert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 213-16-1766

17. INFORMANT AND ADDRESS: Mrs. G. C. Bowers, Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Stab wound of chest - severing the

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) pulmonary artery - Hemorrhage & Shock

(c)

INTERVAL BETWEEN ONSET AND DEATH

982X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) W. M. R. R. Tracks (CITY OR TOWN) Hagerstown (COUNTY) Wash. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 10-2-53 5 PM

INJURY OCCURRED White at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Stab wound -2nd left ant. inter-space ??

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ therean and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) & Robert Wells M.D. DEPUTY MEDICAL EXAMINER WASH. CO., MD. ADDRESS Hagerstown, Md. DATE SIGNED 10.5.53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Oct. 7, 1953; NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery; LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REG. Oct. 6, 1953; REGISTRAR'S SIGNATURE Grace H. Bowers

24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Maryland

VS. ABA

RECEIVED
CT 8 1953
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

14117

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Washington Registration Dist. No. 302

Village or City Hagerstown, Md. No. Cearfoss Pike St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 1 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Alonza Alvin Bryan If U. S. Veteran, specify WAR

(a) Residence: No. Cearfoss Pike, Hagerstown St., Md. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Mable Walker

6. DATE OF BIRTH (month, day, and year) March 13, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
81	81	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Night Watchman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Cannery

10. Date deceased last worked at this occupation (month and year) About 1920

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Nr. Greencastle, Pa.
(State or country)

FATHER

13. NAME Jacob F. Bryan

14. BIRTHPLACE (city or town) Nr. Greencastle, Pa.
(State or country)

MOTHER

15. MAIDEN NAME Mary Alice Hyssong

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Sister- Mrs. Ida Lushbaugh
(Address)

18. BURIAL, CREMATION, OR REMOVAL FAIRVIEW CEM.
Place Mercersburg, Pa. Date Oct. 23, 19 53

19. UNDERTAKER Lininger Funeral Home
(Address) Mercersburg, Pa.

20. FILED Oct 20, 19 53 Edna H. Bowers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 20 (Day) 19 53 (Year)

22. I HEREBY CERTIFY, That I attended deceased from October 14, 19 53 to October 20, 19 53

I last saw him alive on October 17, 19 53; death is said to have occurred on the date stated above, at 9:00 AM

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	1930
Cerebral Hemorrhage	1950
Other Contributory Causes of importance: Obesity	1930

32/X

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edward W. Park III, M. D.

(Address) 217 W. Washington St. Hagerstown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

BUREAU V. S.
OCT 22 1953

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10318

Dr Earl Young

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Washington COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown — LENGTH OF STAY (in this place) 2 Hrs	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital	STREET ADDRESS (If rural give location) 111 East Washington St

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) FRANKLIN (Last) BUPP

4. DATE OF DEATH: (Month) Oct (Day) 26 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Dec 27 1877	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Sales man	Montgomery Ward Co.	Gettysburg Pa.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Mathias W. Bupp	Mary Jane Wentz

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	-------	212-24-5525	Mrs Suda Y. Bupp

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute Coronary Infarction — Interval Between Onset And Death: 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Heart Disease — 2 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1, 1952 to 10/26/53, 19..., that I last saw the deceased alive on 10/26, 1953, and that death occurred at 8:50 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] MD ADDRESS Hagerstown Md DATE SIGNED 10/27/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-29-53	Evergreen Cemetery	Gettysburg Pa.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 28, 1953	Chas H. Bowers	Andrew K. Coffman	Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 30
BUREAU V. S.

Ditto

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10119

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) [illegible] YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 511 W. FRANKLIN ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STREET ADDRESS (If rural give location) 511 W. FRANKLIN ST.

3. NAME OF DECEASED: (Type or Print) (First) CHRISTOPHER (Middle) COLUMBUS (Last) BUSSARD

4. DATE OF DEATH: (Month) OCTOBER (Day) 28 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 1/19/1891
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: WOOD WORKER
10b. KIND OF BUSINESS OR INDUSTRY: FURNITURE FACTORY
11. BIRTHPLACE (State or foreign country): WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THOMAS F. BUSSARD
14. MOTHER'S MAIDEN NAME: ROSETTA MOBLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) W.W. #2
16. SOCIAL SECURITY No.: 214-09-1835
17. INFORMANT & ADDRESS: MRS. L. CAROLINE BUSSARD HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X

Immediate cause (a) Carcinoma Rectum — Interval Between Onset And Death: 10 mo.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1, 1953, to 10-28, 1953, that I last saw the deceased alive on 10-26, 1953, and that death occurred at 7:30 PM, from the causes and on the date stated above.

SIGNATURE J. E. W. Ditto (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 10/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 10/31/53 NAME OF CEMETERY OR CREMATORY Rose Hill Cem. LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 30, 1953 REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR W. T. Norment ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
NOV 2
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): ~~[illegible]~~
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~[illegible]~~ Sharpsburg
STREET ADDRESS (If rural, give location): R.R. #1

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Gil (Last) Castle
4. DATE OF DEATH: (Month) 10 (Day) 13 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 10/13/53
9. AGE last birthday: - yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min. 35
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Robert Leon Castle
14. MOTHER'S MAIDEN NAME: Dorothy Leona Haines
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mother - Sharpsburg, Md. R.R. #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Prematurity — 5 months	15 min.
776 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Self Induced Abortion - [illegible]	1 [illegible]
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 10-13, 1953, and that death occurred at 2:40 p.m., from the causes and on the date stated above.

SIGNATURE: Walter H. [illegible] (Degree or title) M.D. — ADDRESS: Sharpsburg, Md. — DATE SIGNED: Oct 13, 1953

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF: Oct. 16, 1953 — NAME OF CEMETERY OR CREMATORY: Washington Co. Hospital — LOCATION (City, town, or county): Hagerstown (State): Md.

DATE REC'D BY LOCAL REG.: Oct 21, 1953 — REGISTRAR'S SIGNATURE: [illegible] Bowers
24. FUNERAL DIRECTOR — ADDRESS

2003182140

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BUREAU V. S.

Item 18 Film 3158 10-14-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 304

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hancock
LENGTH OF STAY (in this place) 30 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hancock Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) E (Last) Clark
4. DATE OF DEATH: (Month) 10 (Day) 2 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: July 6 1872
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months 2 Days 25 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Carpenter
11. BIRTHPLACE (State or foreign country): Bedford Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wesley Clark
14. MOTHER'S MAIDEN NAME: Cottie Garlick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs Alma Pittman Hancock Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrage

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis

DUE TO II (c) Fractured hip

Interval Between Onset And Death: 1 yr

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 2, 1953 to Oct 2, 1953 that I last saw the deceased alive on Sept 21, 1953, and that death occurred at 4 pm, from the causes and on the date stated above.

SIGNATURE (Degree of title) L M Shaffer MD ADDRESS Hancock Md DATE SIGNED 10/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10.5.53
NAME OF CEMETERY OR CREMATORY Christian Cemetery
LOCATION (City, town, or county) (State) Bedford Bedford Penna.
DATE REC'D BY LOCAL REGISTRAR 10-3-53
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Howard J Grove Hancock Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1

RECEIVED
OCT 8 1953
BUREAU V. S.

10422

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY WASHINGTON; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN; LENGTH OF STAY (In this place) 2 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON CO. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY WASH.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN; STREET ADDRESS (If rural, give location) 195 WEST SIDE AVENUE

3. NAME OF DECEASED (Type or Print): (First) ESTON (Middle) DELLAPLANE (Last) CRAIG

4. DATE OF DEATH: (Month) October (Day) 5 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: 9/10/13

9. AGE last birthday: 40 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): salesman

10b. KIND OF BUSINESS OR INDUSTRY: rugs

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JAMES W. CRAIG

14. MOTHER'S MAIDEN NAME: ELLA ORGELT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-10-7076

17. INFORMANT AND ADDRESS MRS. JEAN DEWITT HISER, 195 West Side Ave., Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a)	
Antecedent cause(a) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) areterio sclerotic myocardial heart disease	?
	(c) chr. glomerular nephritis uremia	

593.X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Blind luetic optic atrophy 2½ yrs

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) Hagerstown | (COUNTY) Wash. | (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) Nam m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22 *I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection ___, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE Robert Nelly M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS Hagerstown, Maryland DATE SIGNED 10.6.53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 10/8/53 | NAME OF CEMETERY OR CREMATORY Green Hill Cemetery | LOCATION (City, town, or county) Waynesboro, (State) PA.

DATE REC'D BY LOCAL REG. Oct. 6 1953 | REGISTRAR'S SIGNATURE Stuart Bowers | 24. FUNERAL DIRECTOR L. T. Norment | ADDRESS Hagerstown, Md.

RECEIVED
OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Dr Wells

Reg. Dist. No. 307

1. PLACE OF DEATH — COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dargan — LENGTH OF STAY (in this place) 6 Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS near Boonsboro

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dargan
STREET ADDRESS (If rural, give location) near Boonsboro

3. NAME OF DECEASED (Type or Print) (First) HAZEL (Middle) JANE (Last) DAVIS

4. DATE OF DEATH (Month) Oct (Day) 27 (Year) 1953

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced

8. DATE OF BIRTH Oct 14 1919

9. AGE last birthday 34 yrs. — If under 1 year Months Days — If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Amos Davis

14. MOTHER'S MAIDEN NAME Susan Cramer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS William Wells

18. MEDICAL CERTIFICATION Boonsboro Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gun Shot Wound Into Abdomen -

976X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hemorrhage and Shock (12 gauge Shot Gun)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Dargan (COUNTY) Washington (STATE) Md.

TIME OF INJURY (Month) Oct. (Day) 27 (Year) 53 (Hour) 5:30 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Gun Shot - 12 gauge Shot Gun

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. — ADDRESS 115 N. Potomac St. Hagerstown, Md. — DATE SIGNED 10.29.53

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 10 30 -53 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) Hagerstown Md. (State)

DATE REC'D BY LOCAL REG. Oct. 29, 1953 — REGISTRAR'S SIGNATURE Mrs Katherine Dagenhart

24. FUNERAL DIRECTOR Andrew K. Coffman — ADDRESS Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place): 2 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg Maryland

STREET ADDRESS (If rural give location): Main Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Lillie	Josephine	Davis	Oct.	8	19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	Aug. 29 1883	70 yrs.	1	8		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Williamsport Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Wright	Mary Ann Burke

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No — No	None	Mr. Joseph Augustus Davis, Sharpsburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) DUE TO Coronary Thrombosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: One Day

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/7/53 19... to 10/8/53 19..., that I last saw the deceased alive on 10/8/53 19..., and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): R. F. Young M.D. — ADDRESS: Williamsport Md. — DATE SIGNED: 10/9/53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 11-53	Greenlawn Cemetery	Williamsport Maryland

DATE REC'D BY LOCAL REGISTRAR: Oct. 9, 1953 — REGISTRAR'S SIGNATURE: Mark Rogers

24. FUNERAL DIRECTOR: Edith V. Best — ADDRESS: Williamsport Md.

RECEIVED
OCT 1. 53
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10425

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1

1. PLACE OF DEATH:
COUNTY: Wash. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: HAGERSTOWN
LENGTH OF STAY (in this place): 7 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
STREET ADDRESS (If rural give location): 703 Salem Ave.

3. NAME OF DECEASED: (Type or Print) (First) Shelia (Middle) Maria (Last) Fair

4. DATE OF DEATH: (Month) Oct. (Day) 13 (Year) 19 53

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Oct. 7, 1953

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min. — 7

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank Fair

14. MOTHER'S MAIDEN NAME: Joanne Hall

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Frank Fair, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5

Immediate cause (a) Asphyxia due to Atelectasis due to aspiration of formula — Interval Between Onset And Death: 6 days 6 1/2 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Prematurity — 6 days

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 7 1953, to Oct. 13, 1953, that I last saw the deceased alive on Oct. 13 1953, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. J. Layman M.D. 5 Public Square Hagerstown Md Oct 14, 1953.

23. BURIAL, CREMATION, REMOVAL (Specify): burial

DATE THEREOF: Oct. 14, 1953

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR: Oct. 14 1953

REGISTRAR'S SIGNATURE: Ethel H. Howard

24. FUNERAL DIRECTOR: Scott F. Pinnich & Son, Hagerstown

ADDRESS

2003112310

RECEIVED
OCT 1
BUREAU V. S.

Dr Hoachlander

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10126

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 12 Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown R#6
STREET ADDRESS (If rural give location) Reed

3. NAME OF DECEASED: (Type or Print) (First) Earl (Middle) Henry (Last) Fischer
4. DATE OF DEATH: (Month) (Day) (Year) October 19, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Dec.13,1919
9. AGE last birthday: 33 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Industrial Engner
10b. KIND OF BUSINESS OR INDUSTRY: Fairchild Aircraft
11. BIRTHPLACE (State or foreign country): Baltimore, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. Fischer
14. MOTHER'S MAIDEN NAME: Elizabeth Hahn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: 214-12-4264
17. INFORMANT & ADDRESS: Inez Ledford Fischer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

201X

Immediate cause (a) Hodgkin's Disease — Interval Between Onset And Death 5 yrs.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✗
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1951, to 19 Oct, 1953, that I last saw the deceased alive on 18 Oct, 1953, and that death occurred at 7:20 Am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Eugene G. Hoachlander MD
ADDRESS Hagerstown
DATE SIGNED 10/19/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct 22 1953
NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 19. 1953
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman.
ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 21 1953
BUREAU V. S.

10427

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Dr Ditto

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY W-shington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 3 Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fairchild Air Craft Co.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia COUNTY Berkeley
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Martinsburg
STREET ADDRESS (If rural, give location) 612 East Moler St

3. NAME OF DECEASED (Type or Print) (First) Dorothy (Middle) Lee (Last) Frankenberry

4. DATE OF DEATH (Month) Oct (Day) 22 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan 7, 1922
9. AGE last birthday 31 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk, Fairchild
10b. KIND OF BUSINESS OR INDUSTRY ---
11. BIRTHPLACE (State or foreign country) Martinsburg, West Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Sheridan Widmeyer
14. MOTHER'S MAIDEN NAME Ruth A. Heck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ----
16. SOCIAL SECURITY NO. 234-24-4188
17. INFORMANT C. Donald Frankenberry

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Trium — INTERVAL BETWEEN ONSET AND DEATH 12 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr E W Ditto Jr (Degree or title) Dep coroner May Tom ADDRESS Hagerstown Md DATE SIGNED 10/2/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10,25,53
NAME OF CEMETERY OR CREMATORY Rosedale Cemetery
LOCATION (City, town, or county) (State) Martinsburg, W.Va.

DATE REC'D BY LOCAL REG. Oct. 23, 1953
REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman, Hagerstown, Md.

BUREAU V. S.

Dr Beachley

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10428

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Smithsburg R#2
STREET ADDRESS (If rural give location): White Hall Road

3. NAME OF DECEASED: (First) Bessie (Middle) Escella (Last) Funkhouser

4. DATE OF DEATH: (Month) Oct (Day) 15 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 10, 1885

9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Charleston West Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Hennietta

14. MOTHER'S MAIDEN NAME: Mary Bovehee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) nO — (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs Mary Sock Stover

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death: 1 hrs.

420.1 Immediate cause (a) Coronary Thrombosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Occlusion

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerosis

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 15, 1953 to Oct. 15, 1953, that I last saw the deceased alive on Oct. 15, 1953, and that death occurred at 1:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. E. Beachley M.D. — ADDRESS: Hagerstown, Md. — DATE SIGNED: Oct 16/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 19, 1953 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR: Oct. 16. 1953 — REGISTRAR'S SIGNATURE: Ethel H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman Hagerstown, Md.

VS. A1

OCT 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr Paulos 10129

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 6 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Washington
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 613 No Mulberry St;

3. NAME OF DECEASED: (Type or Print) (First) NETTIE (Middle) ALBERTA (Last) GELWICKS

4. DATE OF DEATH: (Month) Oct (Day) 11 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: Mar 25 1884
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Rohrersville Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew Smith
14. MOTHER'S MAIDEN NAME: frances Potter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) -------
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Carroll E. Gelwicks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X
Immediate cause (a) Cancer sigmoid colon — Interval Between Onset And Death: 18 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) + Pneumonia metastatic
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: C
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 20, 1953, to Oct 11, 1953, that I last saw the deceased alive on Oct 11, 1953, and that death occurred at 10:A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) George Paulos MD — ADDRESS 318 N Potomac — DATE SIGNED 10-12-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10/14/53 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 12, 1953 — REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman — ADDRESS Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN: CHESTNUT GROVE — LENGTH OF STAY (in this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS: RURAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: WASH.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CHESTNUT GROVE - RURAL
STREET ADDRESS (If rural give location): KEEDYSVILLE, MD RI.

3. NAME OF DECEASED: (Type or Print) (First) MARTHA (Middle) ELLEN (Last) GIFFT

4. DATE OF DEATH: (Month) OCTOBER (Day) 8 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: JANUARY 10 1877

9. AGE last birthday: 76 yrs. 8 Months 18 Days — IF UNDER 1 YEAR — IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): CHESTNUT GROVE WASH. Co. MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FREDRICK HOLMES

14. MOTHER'S MAIDEN NAME: MARGARET McCALLISTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: MRS. PEARL HOLMES KEEDYSVILLE MD RI.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Hemiplegia — 4 days.
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive cardio-vascular disease — 5 years.
DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 5 years

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/5/53, to 10/8/53, 19, that I last saw the deceased alive on 10/7/53, 19.., and that death occurred at 10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Walter H. Shuck M.D. — ADDRESS: Sharpsburg, Md. — DATE SIGNED: 10/9/53.

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: OCT. 11-1953 — NAME OF CEMETERY OR CREMATORY: SAMPLES MANOR CEMETERY - NR. SHARPSBURG MD. — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR: 10-12-53 — REGISTRAR'S SIGNATURE: S. Katherine Degenhart

24. FUNERAL DIRECTOR: WM. F. BAST AND SONS — ADDRESS: BOONSBORO MD.

VS. A15

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OCT 1[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 131

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro X
LENGTH OF STAY (in this place) 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown O.
STREET ADDRESS (If rural give location) 27½ W. Antietam St.

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) (Last) Grey

4. DATE OF DEATH: (Month) Oct. (Day) 9 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan. 26, 1884
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farms
11. BIRTHPLACE (State or foreign country): Sharpsburg, Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Fred Grey
14. MOTHER'S MAIDEN NAME: Mary Ellen James

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 220-10-3858
17. INFORMANT & ADDRESS: Mrs. Charles G. Hammond Sharpsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Generalized arteriosclerosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death 5 yrs.

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 10, 1953, to Oct. 9, 1953, that I last saw the deceased alive on Oct 7, 1953, and that death occurred at 6 AM., from the causes and on the date stated above.

SIGNATURE G. W. Fellan (Degree or title) M. D. ADDRESS Boonsboro DATE SIGNED 9/9/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10-11-53
NAME OF CEMETERY OR CREMATORY Mt. View Cemetery
LOCATION (City, town, or county) (State) Sharpsburg, Md.
DATE REC'D BY LOCAL REGISTRAR Oct 7 1953
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Albert L. Leaf ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 1[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

132

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 17 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 240 E. Washington

3. NAME OF DECEASED (Type or Print) (First) Brenda (Middle) Mae (Last) Grove
4. DATE OF DEATH (Month) Oct. (Day) 1 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Apr. 21, 1952
9. AGE last birthday 1 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Braden H. Grove Sr.
14. MOTHER'S MAIDEN NAME Myrtle L. Crampton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ---
17. INFORMANT AND ADDRESS Mrs. Myrtle L. Grove Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suffocation by strangulation — 6 min

724.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Hagerstown (COUNTY) Washington (STATE) Md
TIME OF INJURY (Month) Oct (Day) 1 (Year) 53 (Hour) 1.40 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Caught breast in bed post

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr. E. W. Ditto Jr. (Degree or title) Mrs. Gen. ADDRESS Hagerstown Md DATE SIGNED 1/3/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 3, 1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown Md. (State)
DATE REC'D BY LOCAL REG. Oct. 3, 1953
REGISTRAR'S SIGNATURE [illegible] Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10433

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 41 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 544 Ridge Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Marylan d COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 544 Ridge Ave.

3. NAME OF DECEASED: (Type or Print) (First) Cora (Middle) Lee (Last) Haines
4. DATE OF DEATH: (Month) Oct. (Day) 28 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 24, 1870
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, [illegible] House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Romney W. Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Isaac Timbrooke
14. MOTHER'S MAIDEN NAME: Mott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ——
17. INFORMANT & ADDRESS: Mrs. Abner Gearheart Hag. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 6 month

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to 28 Oct, 1953, that I last saw the deceased alive on 24 Oct, 1953, and that death occurred at 2:30 Am, from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] Wadlaw MD
ADDRESS Hagerstown Md
DATE SIGNED 10/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 30, 1953
NAME OF CEMETERY OR CREMATORY Queen Point Cemetery
LOCATION (City, town, or county) (State) Keyser W. Va.

DATE REC'D BY LOCAL REGISTRAR Oct. 29, 1953
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son
ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10131

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) Antietam Drive

3. NAME OF DECEASED: (Type or Print) (First) Roy (Middle) Edward (Last) Hamburg
4. DATE OF DEATH: (Month) Oct. (Day) 29 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 4-21-1900
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months 6 Days 8 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Plumber & Steam Fitter
10b. KIND OF BUSINESS OR INDUSTRY: Fridinger & Co
11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Lee Hamburg
14. MOTHER'S MAIDEN NAME: Nannie Smith

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-10-2850
17. INFORMANT & ADDRESS: Mrs. Mary J. Hadley, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
002X
Immediate cause (a) Pulmonary Tuberculosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: 10 Days

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/19/53, 19 , to 10/29/53, 19 , that I last saw the deceased alive on 10/29/53, 19 , and that death occurred at 7:30 PM from the causes and on the date stated above.
SIGNATURE (Degree or title) D. F. Young M.D. ADDRESS Williamsport, Md. DATE SIGNED 10/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10-31-1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland
DATE REC'D BY LOCAL REGISTRAR Oct. 31, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
1953
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mile from Spielmans Station
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 mile from Spielmans Station on farm

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia COUNTY Berkeley
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shepherdstown W. Va.
STREET ADDRESS (If rural, give location) Shepherdstown

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Jackson (Last) Hillard
4. DATE OF DEATH (Month) Oct. (Day) 9 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 14 1878
9. AGE last birthday 75 yrs. If under 1 year Months 6 Days 24 If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Page Co. Va.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles Hillard
14. MOTHER'S MAIDEN NAME Margret Eaton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Shepherdstown W. Va. Lissie Lucus Hillard (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

835X

Immediate cause (a) Crushed Chest - Hemorrhage and shock — INTERVAL BETWEEN ONSET AND DEATH 5 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Spielman's Station (COUNTY) Wash. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 10 -9 -53 2 P m. INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Tractor Upset - Pt. fell under it

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) S. Robert Wells MD, ADDRESS 115 N. Potomac St.-Hagerstown, Md DATE SIGNED 10.10.53

DEPUTY MEDICAL EXAM. WASH. CO. MD.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 12-53
NAME OF CEMETERY OR CREMATORY Rosedale Cemetery
LOCATION (City, town, or county) Martinsburg (State) W. V.
DATE REC'D BY LOCAL REG. Oct. 10.1953
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Albert Leaf ADDRESS Williamsport Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10136

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middleburg
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Paul (Middle) Melvin (Last) Horst

4. DATE OF DEATH: (Month) Oct (Day) 11 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 16 1898
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Farm Machinery
11. BIRTHPLACE (State or foreign country): Washington Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: David L. Horst
14. MOTHER'S MAIDEN NAME: Alice M Dietrich

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-09-8182
17. INFORMANT & ADDRESS: Ray Horst Martinsburg, W Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) Carcinoma Lung — Interval Between Onset And Death: 2 mo

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1-1953, to 10-11, 1953, that I last saw the deceased alive on 10-11, 1953, and that death occurred at 3:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. E. W. Ditto
ADDRESS Hagerstown Md
DATE SIGNED 10/12/53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF 10/14/53
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 12. 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Rest Haven Funeral Chapel Inc
ADDRESS Wm. A. Hunt

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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OCT 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) 15 MIN.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. CO. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DISTRICT OF COLUMBIA COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON
STREET ADDRESS (If rural, give location) 1368 EUCLID ST.

3. NAME OF DECEASED (Type or Print) (First) NORA (Middle) BLANCHE (Last) JAMES

4. DATE OF DEATH (Month) Oct. (Day) 6 (Year) 1953

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH JUNE 5 - 1881
9. AGE last birthday 72-4-1 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED EMPLOYEE - BUREAU
10b. KIND OF BUSINESS OR INDUSTRY ENGRAVING AND PRINTING
11. BIRTHPLACE (State or foreign country) SHARPSBURG WASH. CO. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME WILLIAM L. JAMES
14. MOTHER'S MAIDEN NAME MARGARET BUSSARD.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY No. NONE
17. INFORMANT AND ADDRESS MISS BEULAH JAMES 1368 EUCLID ST. WAHHQ

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422 / Immediate cause (a) arterio-sclerotic myocardial

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) heart disease - with myocardial

(c) failure grade IV

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells M.D. (Degree or title) D.M.E. Wash. Co. Md. ADDRESS Hagerstown, Md. DATE SIGNED 10.7.53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF OCT. 7 - 1953
NAME OF CEMETERY OR CREMATORY MOUNTAIN VIEW CEMETERY
LOCATION (City, town, or county) (State) SHARPSBURG WASH. CO. MD.

DATE REC'D BY LOCAL REG. Oct. 8. 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR WM. F. BALT AND SONS ADDRESS BOONESBORO MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10138

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 241 South Prospect Street

3. NAME OF DECEASED: (Type or Print) (First) Sophie (Middle) Eunice (Last) Keadle

4. DATE OF DEATH: (Month) Oct. (Day) 26 (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: 10-23-1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months 0 Days 3 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Philadelphia, Pa. 75
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George E. Gaul
14. MOTHER'S MAIDEN NAME: Catherine A. Curtin

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: William L. Lewin, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Arteriosclerotic Cardio Vascular Disease

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death 5 yrs +

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 Jun, 1947, to 26 Oct, 1953, that I last saw the deceased alive on 22 Oct, 1953, and that death occurred at 6.50 AM, from the causes and on the date stated above.

SIGNATURE F. F. Lusby (Degree or title) MD ADDRESS 230 N Potomac DATE SIGNED 26 Oct 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10-28-1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Oct. 27. 1953
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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RECEIVED
1 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Sl.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — MARYLAND — LENGTH OF STAY (In this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 123 Elm Street	STREET ADDRESS (If rural, give location) 508 S. Cannon Ave.

3. NAME OF DECEASED (Type or Print)	(First) Herbert	(Middle) Angle	(Last) Klipp Sr.	4. DATE OF DEATH	(Month) oct. (Day) 16 (Year) 1953
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH july 24, 1899	9. AGE last birthday 54 yrs.	If under 1 year Months / Days; If under 24 hrs Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ass. train dispatcher	10b. KIND OF BUSINESS OR INDUSTRY railroad	11. BIRTHPLACE (State or foreign country) Hagerstown	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME William Klipp	14. MOTHER'S MAIDEN NAME Gertrude Angle				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 705-10-6863	17. INFORMANT AND ADDRESS Herbert Klipp Jr. Hagerstown			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio sclerotic myocardial heart disease

592 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial failure grade IV chronic glomerular nephritis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? Yes ☐ No ☑
21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide , homicide , undetermined .*

SIGNATURE S Robert Melly MD (Degree or title) DEPUTY MEDICAL EXAM, WASH. CO., MD. ADDRESS DATE SIGNED Oct. 17 '53

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE THEREOF Oct. 19, 1953	NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	LOCATION (City, town, or county) Hagerstown, Md. (State)
DATE REC'D BY LOCAL REG. Oct. 19, 1953	REGISTRAR'S SIGNATURE [illegible] Bowers	24. FUNERAL DIRECTOR Scott F. Minnich & Son.	ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

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OCT 21
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairplay Md.
LENGTH OF STAY (in this place) 66 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fairplay Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairplay Md.
STREET ADDRESS (If rural give location) Fairplay Md.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Daniel (Last) Lambert

4. DATE OF DEATH: (Month) Oct. (Day) 27 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 25 1887
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months 4 Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: RETIRED
11. BIRTHPLACE (State or foreign country): Fairplay Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Lambert
14. MOTHER'S MAIDEN NAME: Lily May Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs Alice P Lambert Fairplay Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — Immediate

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/27/5 193 to 10/27/53 19 , that I last saw the deceased alive on 10/27/5 193 , and that death occurred at 5 AM , from the causes and on the date stated above.

SIGNATURE R. F. Young M.D. (Degree or title) ADDRESS Williamsport Md. DATE SIGNED 10/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 30 1953
NAME OF CEMETERY OR CREMATORY Manor Cemetery
LOCATION (City, town, or county) Near Tilghmanton Md. (State)
DATE REC'D BY LOCAL REGISTRAR Oct 28 1953
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR Albert L Leaf ADDRESS Williamsport Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10441

CERTIFICATE OF DEATH

Reg. Dist. No. 30 1

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 20 N. Conococheague St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
STREET ADDRESS (If rural, give location) 30 N. Conococheague St.

3. NAME OF DECEASED: (Type or Print) (First) Benjamin (Middle) Constance (Last) Lefever

4. DATE OF DEATH: (Month) Oct. (Day) 24 (Year) 19 53

5. SEX: Male **6. COLOR OR RACE:** White **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Married **8. DATE OF BIRTH:** Nov. 16 1861 **9. AGE last birthday:** 91 yrs. IF UNDER 1 YEAR: Months 11 Days 7 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Factory Owner **10b. KIND OF BUSINESS OR INDUSTRY:** Broom Factory **11. BIRTHPLACE** (State or foreign country): Williamsport Md. **12. CITIZEN OF WHAT COUNTRY?** USA

13. FATHER'S NAME: Samuel Lefever

14. MOTHER'S MAIDEN NAME: Anna W. Herr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No **16. SOCIAL SECURITY NO.:** 217-18-7287 (If Yes, give war or dates of service) No **17. INFORMANT & ADDRESS:** Mr. Samuel Lefever 716 Summit Ave Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (420.0)	(a) Arteriosclerotic Heart Disease DUE TO	1 month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Senility DUE TO	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 June, 19 53, to 24 Oct, 19 53, that I last saw the deceased alive on 24 Oct., 19 53, and that death occurred at 7:10 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Allen Haak M.D. Williamsport Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Oct. 27-53 NAME OF CEMETERY OR CREMATORY Riverview Cemetery LOCATION (City, town, or county) (State) Williamsport Md.

DATE REC'D BY LOCAL REG. Oct 26-1953 REGISTRAR'S SIGNATURE E Lee McElroy

24. FUNERAL DIRECTOR ADDRESS Albert L Leaf Williamsport Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A 8-51

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BUREAU V. S.

186 16212

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Clearspring
LENGTH OF STAY (in this place) 2yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa. COUNTY Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waynesboro
STREET ADDRESS (If rural give location) S. Church St.

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) Middlekauff (Last)

4. DATE OF DEATH: (Month) 10 (Day) 26 (Year) 1953

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W.

8. DATE OF BIRTH: Feb. 5, 1865

9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Waynesboro Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. G. Smith

14. MOTHER'S MAIDEN NAME: Amanda Rickenbaugh

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Miss Margaret Smith, S. Church St., Waynesboro Pa.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchial Pneumonia — Interval Between Onset And Death 10 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Senile Psychosis

DUE TO

(c)

491X

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-17, 1953, to 10/26, 1953, that I last saw the deceased alive on 10/26, 1953 and that death occurred at 11.45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert B. Brown M.D. Waynesboro Pa. 10/27/53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial

DATE THEREOF 10/29/53

NAME OF CEMETERY OR CREMATORY Green Hill

LOCATION (City, town, or county) (State) Waynesboro Pa

DATE REC'D BY LOCAL REGISTRAR Oct 26 53

REGISTRAR'S SIGNATURE Elsie W. Ferguson J. W. Murray Local

24. FUNERAL DIRECTOR ADDRESS Walter Y. Stone, Waynesboro Pa.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr Walter Layman

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 6 Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penna and COUNTY Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quincy
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MARTHA (Middle) FLORENCE (Last) MIDDOUR

4. DATE OF DEATH: (Month) (Day) (Year) Oct 6 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: Jany 29 1865
9. AGE last birthday: 88 yrs. IF UNDER 1 Y Months Days UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Quincy Pa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaac Shockey
14. MOTHER'S MAIDEN NAME: Amanda Spielman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) -------
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Charles F. Miller Waynesboro Pa

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Hypertension cardiovascular disease. — Interval Between Onset And Death 1 1/2 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Reserve of old cerebral hemorrhage. about one year

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 2, 1953, to Oct 6, 1953, that I last saw the deceased alive on Oct 5, 1953, and that death occurred at 2 10/P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. D. Layman, Md. ADDRESS 5 Public Square Hagerstown, Md. DATE SIGNED Oct 7, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct 8 1953
NAME OF CEMETERY OR CREMATORY Green Hill Cemetery
LOCATION (City, town, or county) (State) Waynesboro Pa.

DATE REC'D BY LOCAL REGISTRAR Oct. 7. 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
OCT 9 [illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr Robt Campbell

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 5 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. county Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown R # 1
STREET ADDRESS (If rural give location) Cavetown Pike

3. NAME OF DECEASED: (Type or Print) (First) JENNIE (Middle) REBECCA (Last) MILLER

4. DATE OF DEATH: (Month) Oct (Day) 31 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: Nov 4 1867

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Rohrersville Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Stine

14. MOTHER'S MAIDEN NAME: Rebecca Gloss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs Arthur B. Zimmerman

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Arteriosclerosis, Generalized — Interval Between Onset And Death: 10 yr

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease — 10 yr

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ii

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct ....., 1952, to Oct 31 ....., 1953, that I last saw the deceased alive on Oct 31 ..., 1953, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert V. Campbell M.D. ADDRESS Hagerstown Md DATE SIGNED Nov 2 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11/3/53 NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery LOCATION (City, town, or county) (State) Boonsboro Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 2, 1953 REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VII. Air

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BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1 PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clear Spring
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS ----------

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clear Spring, Md.
STREET ADDRESS (If rural give location) ----------

3. NAME OF DECEASED: (Type or Print) (First) Denton (Middle) Walter (Last) Mills

4. DATE OF DEATH: (Month) Oct. (Day) 13, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 11, 1872

9. AGE last birthday: 81 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Wash. Co., Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Robert Mills

14. MOTHER'S MAIDEN NAME: Mahala Furlong

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): -

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Vertie Bridendolph- Clear Spring Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) DUE TO Coronary Thrombosis with Occlusion
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Arterial Sclerosis
(c)

Interval Between Onset And Death: (a) Sudden (b) 10 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage — 3 yrs.

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1951, to Oct 13, 1953, that I last saw the deceased alive on Oct 10, 1953, and that death occurred at 2.30 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) David R. Brewer M.D. — ADDRESS Clear Spring Md. — DATE SIGNED 10/16/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct. 16-53 — NAME OF CEMETERY OR CREMATORY St. Peter's Lutheran — LOCATION (City, town, or county) (State) Clear Spring, Md.

DATE REC'D BY LOCAL REGISTRAR 10/16-53 — REGISTRAR'S SIGNATURE Joseph W. Murray Local — 24. FUNERAL DIRECTOR Adrian T. Rowland — ADDRESS Clear Spring, Md.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 146

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 37 Elizabeth Street

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) Mae (Last) Minnick
4. DATE OF DEATH: (Month) Oct. (Day) 20 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 2-10-1876
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months 8 Days 10 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas J. Post
14. MOTHER'S MAIDEN NAME: Eliza Sull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: Mrs. Charlotte M. Painter, Hagerstown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Insufficiency

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Hypertensive cardio-vascular disease

(c)

Interval Between Onset And Death 10-20-53

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 6, 1945, to Oct 20, 1953, that I last saw the deceased alive on Oct 20, 1953, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

SIGNATURE Sidney Nonesser (Degree or title) M.D. ADDRESS Hagerstown Md DATE SIGNED 10-20-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10-22-1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Oct. 22, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Md.
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Williamsport Md.
STREET ADDRESS (If rural give location) Williamsport Md RFD #1

3. NAME OF DECEASED: (Type or Print) (First) Barry (Middle) Alan (Last) Moats

4. DATE OF DEATH: (Month) Oct. (Day) 21 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Child
8. DATE OF BIRTH: Jan. 10 1947
9. AGE last birthday: 6 yrs. If under 1 year: Months 9 Days 21 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): School child
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): Keedysville Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gardner Moats
14. MOTHER'S MAIDEN NAME: Martha Moats

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mr Gardner Moats Williamsport Md R FD #1

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X
Immediate cause (a) Diabetic Acidosis uncontrolled — Interval Between Onset And Death 6 days
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/28, 1953, to 10/31, 1953, that I last saw the deceased alive on 10/30/, 1953, and that death occurred at 4:50 A.M., from the causes and on the date stated above.

SIGNATURE Paul Hook MD (Degree or title) ADDRESS Municipal Building, Williamsport, Md. DATE SIGNED 11/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 3 1953
NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
LOCATION (City, town, or county) Williamsport Md. (State)
DATE REC'D BY LOCAL REGISTRAR Nov. 2 1953
REGISTRAR'S SIGNATURE Ethel H Bowers
24. FUNERAL DIRECTOR Albert L Leaf Williamsport Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr Robt Campbell

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown R # 5
LENGTH OF STAY (in this place): 11 Yrs
~~HOSPITAL OR INSTITUTION OR STREET ADDRESS~~: Fiddlersburg

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown R # 5
STREET ADDRESS (If rural give location): Fiddlersburg

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) FRANK (Last) MURITZ

4. DATE OF DEATH: (Month) Oct (Day) 14 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 19 1878

9. AGE last birthday: 75 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, (even if retired): Farmer Retired

10b. KIND OF BUSINESS OR INDUSTRY: Owner Farmer

11. BIRTHPLACE (State or foreign country): Middleburg Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Muritz

14. MOTHER'S MAIDEN NAME: Annie Swisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 212-24-6763

17. INFORMANT & ADDRESS: Mrs Letha Muritz

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334X

Immediate cause (a) ..... Hemiplegia due to .....

DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) ..... Cerebral Arteriosclerosis

DUE TO

(c)

Interval Between Onset And Death: 1 month

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-1 1953, to 10-14 1953 that I last saw the deceased alive on 10-9, 1953, and that death occurred at 11:30 AM from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert V. Campbell MD

ADDRESS: Hagerstown Md

DATE SIGNED: 10-15-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 10-17-53

NAME OF CEMETERY OR CREMATORY: Rose Hill cemetery

LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Oct 19 1953

REGISTRAR'S SIGNATURE: Chas H Howard

24. FUNERAL DIRECTOR: Andrew K. Coffman Hagerstown Md.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
OCT 1
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington — Hagerstown MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 36 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 105 East Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 105 East Ave.

3. NAME OF DECEASED: (Type or Print) (First) Rozella (Middle) (Downs) (Last) Myers
4. DATE OF DEATH: (Month) Oct. (Day) 19 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: March 15, 1882
9. AGE last birthday: 71 yrs. — IF UNDER 1 YEAR: Months 7, Days 4 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Williamsport Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: William H. Downs
14. MOTHER'S MAIDEN NAME: Louisa (Leiter) Downs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Miss Virginia Myers 105 East Ave. Hag. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

260X

Immediate cause (a) Coronary artery disease — 6 mo.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease — 7 years

DUE TO (c) Hyperthyroidism - nodular toxic goiter — 7 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. D Diabetes mellitus — 7 years

19a. DATE OF OPERATION: Aug 22, 1953
19b. MAJOR FINDINGS OF OPERATION: Diabetes Gangrene left foot (amputation 3" below knee)
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1946, to Oct 19, 1953, that I last saw the deceased alive on Oct 17, 1953, and that death occurred at 5 30 P.M. E.S.T. from the causes and on the date stated above.
SIGNATURE (Degree or title) W. F. Loyman, M.D. — ADDRESS 5 Public Square Hagerstown, Md — DATE SIGNED Oct 20, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF Oct 22, 1953 — NAME OF CEMETERY OR CREMATORY Rest Haven — LOCATION (City, town, or county) Hagerstown (State) Maryland
DATE REC'D BY LOCAL REGISTRAR Oct. 22, 1953 — REGISTRAR'S SIGNATURE Chas H Hoover
24. FUNERAL DIRECTOR Fred W. Kraiss — ADDRESS 139 N. Pot. St. Hag. Md.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10450

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 34 WEST SIDE AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASH.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural, give location) 34 WEST SIDE AVENUE

3. NAME OF DECEASED (Type or Print) (First) CLARENCE (Middle) RUSSELL (Last) O'BRIEN
4. DATE OF DEATH (Month) 10 (Day) 4 (Year) 1953
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 1/18/1897
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY own
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME THOMAS O'BRIEN
14. MOTHER'S MAIDEN NAME MARY M. CARPER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-09-7646
17. INFORMANT AND ADDRESS MRS. MARY O'BRIEN, 34 West Side Ave., Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) acute coronary occlusion	minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (note; found dead in bed) Hagerstown (COUNTY) Wash. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO. MD. ADDRESS Hagerstown, Maryland DATE SIGNED 10.6.53

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF 10/7/53
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown (State) MD.

DATE REC'D BY LOCAL REG. Oct. 6. 1953
REGISTRAR'S SIGNATURE Chas. H. Towers
24. FUNERAL DIRECTOR M. T. NORMANT ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 8 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 151

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 835 Oak Hill Avenue

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Nevin (Last) Oswald

4. DATE OF DEATH: (Month) Oct. (Day) 14 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9-25-1893

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months 0 Days 27 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Lawyer

10b. KIND OF BUSINESS OR INDUSTRY: Oswald & Oswald

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edard Oawald, Sr.

14. MOTHER'S MAIDEN NAME: Mary E. Shade

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) W.W.#1

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Edward Oswald, Jr. Hagerstown, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332 X
Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 6 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis — 1 Yr. +

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. no

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 9, 1953, to Oct. 14, 1953, that I last saw the deceased alive on Oct 14, 1953, and that death occurred at 12:50 P.M, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Lloyd A. Hoffman M.D. 214 N. Potomac St. Hagerstown, Md

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10-17-1953 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Oct. 17, 1953 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland — ADDRESS

VS. A1

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BUREAU V. S.

INSTRUCTIONS !!

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 452

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A 8-51

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Hagers Town
LENGTH OF STAY (in this place) 12 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clear Spring
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Harvey (Middle) Anderson (Last) Paden

4. DATE OF DEATH: (Month) Oct (Day) 11 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 27, 1871

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodworker

10b. KIND OF BUSINESS OR INDUSTRY: Lumber

11. BIRTHPLACE (State or foreign country): Perry Co Penna

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Andrew Paden

14. MOTHER'S MAIDEN NAME: Sophia Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Ethel R. Paden 130 E Elm St. Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

241X

Immediate cause (a) Acute Myocardial Failure — Interval Between Onset and Death: 10 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Acute Bronchial Asthma — 1 week

DUE TO

(c) Chronic Bronchial Asthma — 10 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 July 19 53, to 11 Oct., 19 53 that I last saw the deceased alive on 11 Oct., 19 53 and that death occurred at 3:45 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Paul Haak M.D. ADDRESS Williamsport Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 10/13/53 — NAME OF CEMETERY OR CREMATORY Smithsburg Cemetery — LOCATION (City, town, or county) Smithsburg — (State) Md.

DATE REC'D BY LOCAL REG. Oct. 12 1953 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Rest Haven Funeral Chapel Inc. ADDRESS Wm. C. Frost

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OCT 14 1953
BUREAU V. S.

182

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ,153

CERTIFICATE OF DEATH

Reg. Dist. No. 8..03

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Clear Spring, — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Not Named

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clear Spring
STREET ADDRESS (If rural give location) Not Named

3. NAME OF DECEASED: (Type or Print) (First) Harriet (Middle) Emma Reed (Last)

4. DATE OF DEATH: (Month) Oct. (Day) 1, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept. 12-1879

9. AGE last birthday: 74 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Home Duties

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Broadfording, Md.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Henry Bloyer

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Rhoda Kline- Clear Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

421.4

Immediate cause (a) Chr. Endocarditis — Interval Between Onset And Death: 5 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Coronary Thrombosis — 1 year

DUE TO (c) Arterio Sclerosis — 10 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July ..., 1953 to Oct 1, 1953, that I last saw the deceased alive on Oct 1, 1953 and that death occurred at 10 P.M., from the causes and on the date stated above.

SIGNATURE David R Brewer (Degree or title) M.D — ADDRESS Clear Spring Md. — DATE SIGNED 10/3/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct. 4-53 — NAME OF CEMETERY OR CREMATORY Park Head Cemetery — LOCATION (City, town, or county) Rural Clear Spring, (State) Md.

DATE REC'D BY LOCAL REGISTRAR Oct 3 - 1953 — REGISTRAR'S SIGNATURE Josephine Murray Local

24. FUNERAL DIRECTOR Harian N Rowland — ADDRESS Clear Spring, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 302

C

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 6 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 2217 Virginia Ave

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Edward (Last) Rice

4. DATE OF DEATH: (Month) Oct (Day) 28 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 11, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 3 Days 17 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY? US.

13. FATHER'S NAME: Leo W. Rice
14. MOTHER'S MAIDEN NAME: Mary J. Beckman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Leo W. Rice 2217 Virginia Ave Hagerstown, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

325.4

Immediate cause (a) Acute Heart Failure — Interval Between Onset And Death 6 hrs

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Mongoloid : may be congenital

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-28, 1953, to 10-28, 1953, that I last saw the deceased alive on 10-28, 1953, and that death occurred at 8:00 pm, from the causes and on the date stated above.

SIGNATURE George Paulus MD (Degree or title) ADDRESS Hagerstown DATE SIGNED 10-29-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10/3/53
NAME OF CEMETERY OR CREMATORY Rest Haven
LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 29, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Rest Haven Funeral Chapel Inc. ADDRESS

2073325405

Wm. A. Horst

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH — BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hagerstown
LENGTH OF STAY (in this place): 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hagerstown Rt. 4

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hagerstown
STREET ADDRESS (If rural give location): Hagerstown Rt. 4

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Clyde (Last) Ridenour

4. DATE OF DEATH: (Month) Oct. (Day) 14 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 16, 1887

9. AGE Last birthday: 65 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Contractor

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Near Clearspring Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harvey Ridenour

14. MOTHER'S MAIDEN NAME: Alice Poffenberger

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 217-10-3230a

17. INFORMANT & ADDRESS: Arlis Ridenour Hag. Rt. 3

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: (a) Pulmonary Edema — Interval Between Onset And Death: 30 minutes

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Congestive heart failure — 2 months
DUE TO (c) Coronary artery Thrombosis — 10 weeks

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/17 ....., 1953., to 10/14....., 1953, that I last saw the deceased alive on 10/14 ....., 1953., and that death occurred at 10 35 pm ..., from the causes and on the date stated above.

SIGNATURE: George Jennings — (Degree or title) M.D — ADDRESS: Hagerstown, Md. — DATE SIGNED: 10/16/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 17, 1953 — NAME OF CEMETERY OR CREMATORY: St. Pauls — LOCATION (City, town, or county) (State): Near Clearspring Md.

DATE REC'D BY LOCAL REGISTRAR: OCT 18 1953 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: Scott F. Minnich & Son Hag. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

56

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Wash. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) H ager stown
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Smithsburg , rural
STREET ADDRESS (If rural give location) RFD #2

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) May (Last) Ridenour
4. DATE OF DEATH: (Month) Oct. (Day) 31 (Year) 19 53

5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 4, 1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Smithsburg, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Martin L. Dayhoff
14. MOTHER'S MAIDEN NAME: Mary Catherine Lum

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: - -
17. INFORMANT & ADDRESS: Meredith Ridenour, Smithsburg, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Hemolytic Streptococcic Cerebro-
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Spinal Meningitis
DUE TO
(c) Cerebral Degeneration

Interval Between Onset And Death: 3 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 Oct, 1953 to 31 Oct, 1953, that I last saw the deceased alive on 31 Oct, 1953, and that death occurred at 7:00 PM, from the causes and on the date stated above.

SIGNATURE J Durham (Degree or title) MD ADDRESS Hagerstown DATE SIGNED 11/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF 11-3-53
NAME OF CEMETERY OR CREMATORY Cav etown Cemetery
LOCATION (City, town, or county) (State) Cavetown, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 3, 1953
REGISTRAR'S SIGNATURE Ernest H. Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son, ADDRESS Smithsburg.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr Hoffman

1 15

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 3 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 1010 Oak Hill Ave

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
WALTER	AUGUSTUS	ROESSNER	Oct 29 1953 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Jany 29 1878	75 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Candy Merchant Self	Employed	Hagerstown Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Jacob Roessner	Catherinen Cunningham

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Mrs Emma Roessner Hagerstown Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
157X Immediate cause	(a) Carcinoma of Pancreas	6 mo ±
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Metastases - Peritoneal	4 mo ±

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug 29, 1953, to Oct 29, 1953, that I last saw the deceased alive on Oct 28, 1953, and that death occurred at 6:50 A.M from the causes and on the date stated above.

SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
Clyde A. Hoffman	M.D. 214 N. Potomac st. Hagerstown Md	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-31-53	Rose Hill Cemetery	Hagerstown Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Oct 29, 1953	Chas. A. Bowers	Andrew K. Coffman Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A 16

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Wash. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 208 Willard St.

3. NAME OF DECEASED: (Type or Print) (First) Vernie (Middle) Viola (Last) Roser
4. DATE OF DEATH: (Month) Oct. (Day) 3 (Year) 1953
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Aug. 17, 1914
9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Hagerstown, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: David Wilson
14. MOTHER'S MAIDEN NAME: Cora Bond
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Charles Wilson, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X

Immediate cause (a) Chronic pyelonephritis — Interval Between Onset And Death: 3 mo.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Squamous cell Carcinoma of Cervix — 12 mo+

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1952 to Oct. 2, 1953, that I last saw the deceased alive on Oct 2, 1953, and that death occurred at 12 17 AM, from the causes and on the date stated above.

SIGNATURE F. D. Doue Jr. (Degree or title) M.D. ADDRESS 214 N. Potomac St., Hagerstown DATE SIGNED 10/3/53

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF Oct. 6, 53
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Md.
DATE REC'D BY LOCAL REGISTRAR Oct. 6, 1953
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son, Hagerstown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AN

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BUREAU V. S.

Film #G-158 Item No. 8-9, 10/16/53, emp

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital	STREET ADDRESS (If rural, give location) [illegible] R.2.

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) [illegible] (Last) [illegible]			4. DATE OF DEATH (Month) [illegible] (Day) 2 (Year) 1953	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH [illegible] 1893	9. AGE Last birthday xxxxxxxxx yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]	10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (State or foreign country) [illegible]	12. CITIZEN OF WHAT COUNTRY? [illegible]	
13. FATHER'S NAME [illegible]		14. MOTHER'S MAIDEN NAME [illegible]		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 217-10-7540	17. INFORMANT AND ADDRESS Mrs. Jeane Burris [illegible] Md. R.2		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) 804 X	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) crushed chest hemorrhage & shock	30min
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Field	(CITY OR TOWN) 6 mi E. Hagerstown, (COUNTY) Md. (STATE) off US #40
TIME OF INJURY (Month) (Day) (Year) (Hour) 10 2 53 3:30 P m.	INJURY OCCURRED While at work ☑ Not while at work ☐	HOW DID INJURY OCCUR? Fell off of tractor and was run over

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

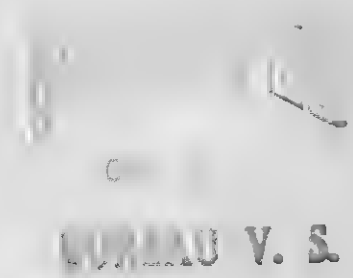
SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. Robert Mello MD,	DEPUTY MEDICAL EXAM. WASH. CO., MD.	Hagerstown, Md.	10.3.53

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]	DATE THEREOF Oct. 5. 1953	NAME OF CEMETERY OR CREMATORY Beaver Creek Cemetery	LOCATION (City, town, or county) (State) Beaver Creek Wash. Co. Md
DATE REC'D BY LOCAL REG. Oct. 4. 1953	REGISTRAR'S SIGNATURE [illegible] Bowers	24. FUNERAL DIRECTOR [illegible]	ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS


BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53160

CERTIFICATE OF DEATH

Reg. Dist. No. 301

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Williamsport
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport Sanitorium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa. — COUNTY Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waynesboro
STREET ADDRESS (If rural give location) 40 N. Broad St.

V-253

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Anna	Grace	Russell	10	18	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	10/10/1858	95 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired	None	Waynesboro, Pa.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
David B. Russell	Mariah Bonebrake

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
—	—	—	Miss Adelia Russell Waynesboro, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

7144 Immediate cause (a) Senile debility

DUE TO —

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) — DUE TO

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
—			m.		—

22. I hereby certify that I attended the deceased from June 1950, to Oct 18, 1953, that I last saw the deceased alive on Oct 15, 1953, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Walter L. Wolfinger M.D.	Waynesboro Penna	Oct 18 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10/21/53	Burns Hill	Waynesboro	Pa.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 19, 1953	E Lee McElroy	Walter G. Hunt	Waynesboro, Pa.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]61

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: Washington
COUNTY COUNTY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY WASH.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FAIRVIEW MOUNTIAN, CLEAR SPRING
STREET ADDRESS (If rural give location) RURAL FAIRVIEW MOUNTIAN

3. NAME OF DECEASED: (Type or Print) (First) DEBORAH (Middle) SUE (Last) RYCE

4. DATE OF DEATH: (Month) OCT. (Day) 24 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: OCT. 23, 1953

9. AGE last birthday: 2 DAY OLD yrs. — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): HAGERSTOWN, MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: EVERARD G. RYCE JR.

14. MOTHER'S MAIDEN NAME: HELEN BRIBENDOLPH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): [illegible] (If Yes, give war or dates of service):

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: EVERARD G. RYCE, JR.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 776X (a) Aspiration Pneumonia — Interval Between Onset And Death: 1½ hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Prematurity 3 lb 8 oz — 48 hrs
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/23/, 1950, to 10/24/, 1953, that I last saw the deceased alive on 10/24, 1953, and that death occurred at 8:20 P.M., from the causes and on the date stated above.

SIGNATURE J. M. Bacon Jr. (Degree or title) M.D. ADDRESS 318 N. Potomac Hagerstown Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: OCT. 27 1953
NAME OF CEMETERY OR CREMATORY: ST. PAUL'S CEMETERY
LOCATION (City, town, or county) (State): ST. PAULS MARYLAND

DATE REC'D BY LOCAL REGISTRAR: Oct. 26 1953
REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: ROWLAND FUNERAL HOME ADDRESS: CLEAR SPRING

10003193112

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]62

CERTIFICATE OF DEATH

Dr Ditto

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 5 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 48 Wayside Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 48 Wayside Ave

3. NAME OF DECEASED (Type or Print): (First) DANIEL (Middle) STROBEL (Last) SCHNEBLEY

4. DATE OF DEATH: (Month) Oct (Day) 4 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jany 9 1873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Express man Amer R.R.

10b. KIND OF BUSINESS OR INDUSTRY: Retired Express Co

11. BIRTHPLACE (State or foreign country): Williamsport Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alfred Schnebley

14. MOTHER'S MAIDEN NAME: Catherine Hollman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service): ------

16. SOCIAL SECURITY No.: 714-05-6868

17. INFORMANT & ADDRESS: Mrs Carrie C. Schnebley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Cardio Vascular Failure — Interval Between Onset And Death: 1 year

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) [illegible] — Interval Between Onset And Death:

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1 ..., 1953, to 10-4 ..., 1953, that I last saw the deceased alive on 10-3 ..., 1953, and that death occurred at 6:45 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Dr Sa Ditto Jr — ADDRESS: Hagerstown Md — DATE SIGNED: 10-5-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 10/7/53

NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery

LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Oct. 7. 1953

REGISTRAR'S SIGNATURE: Ehart H Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman — ADDRESS: Hagerstown Md.

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON COUNTY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN, R.D.#1
LENGTH OF STAY (in this place) 2 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE PENNSYLVANIA COUNTY ADAMS
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - GETTYSBURG
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) PETER (Middle) JOSEPH (Last) SEASE

4. DATE OF DEATH: (Month) OCT. (Day) 25, (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: SEPT. 11, 1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): FARM LABOR
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SANFORD SEASE
14. MOTHER'S MAIDEN NAME: SARAH FERGUSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNKNOWN (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 205-09-0803(A)
17. INFORMANT & ADDRESS: HARRY THOMASEASE, GETTYSBURG, PA

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) CORONARY ARTERIOSCLEROSIS — Interval Between Onset And Death: 6 WKS CERTAIN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. BRONCIAL ASTHMA — 6 MONTHS (HISTORY)

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Sept 1953, to 25 Oct, 1953, that I last saw the deceased alive on 23 Oct 1953, and that death occurred at 8 25 pm. EST, from the causes and on the date stated above.

SIGNATURE (Degree or title) W. J. Layman, M.D. ADDRESS S Pabbe Square Hagerstown, Md DATE SIGNED Oct 25, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF OCT. 28th 1953
NAME OF CEMETERY OR CREMATORY ST. FRANCIS XAVIER.
LOCATION (City, town, or county) GETTYSBURG, (State) PENNA

DATE REC'D BY LOCAL REGISTRAR Oct. 26 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR J. Milton Bender, 125 Carlisle St. Gettysburg Penna ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHEWSVILLE
LENGTH OF STAY (In this place) 2 HOURS
HOSPITAL OR INSTITUTION OR STREET ADDRESS CHEWSVILLE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASH.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAgerstown
STREET ADDRESS (If rural, give location) 439 W. CHURCH STREET

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) Victor (Last) Smith JR.
4. DATE OF DEATH (Month) Oct. (Day) 5 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorded
8. DATE OF BIRTH July 1, 1913
9. AGE last birthday 40 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Worker
10b. KIND OF BUSINESS OR INDUSTRY Fairchild Aircraft
11. BIRTHPLACE (State or foreign country) Hagerstown Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Harry V. Smith SR.
14. MOTHER'S MAIDEN NAME Ruth Souders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-09-4834
17. INFORMANT AND ADDRESS Helen E. Hamburg Smith 309 Liberty St. Hagerstown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

976X Immediate cause (a)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gun shot into skull (through mouth, 32 revolver)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) Chewsville, Md. (COUNTY) (home of Paul Cook) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 10 . 5 . 53 6:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Shot self through mouth

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells MD, (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS Hagerstown, Maryland DATE SIGNED 10.6.53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 8-53
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REG. Oct 8, 1953
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR [illegible] ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

[illegible]

DUNLOP V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1965

CERTIFICATE OF DEATH

Reg. Dist. No. 308

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clear Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cumberland Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clear Spring
STREET ADDRESS (If rural give location): Cumberland Street

3. NAME OF DECEASED: (Type or Print) (First) Elva (Middle) B. (Last) Snyder

4. DATE OF DEATH: (Month) Oct. (Day) 3, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Dec. 25, 1871

9. AGE Last birthday: 81 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Home Duties

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Wash. Co., Md.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: David Summers

14. MOTHER'S MAIDEN NAME: Malinda Snyder

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: C. Harold Snyder- Clear Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
331X Immediate cause	(a)	Cerebral Hemorrhage	3 hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Chr. Endocarditis	5 years.
	DUE TO (c)	Hypertensive Sclerosis	10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 23, 1952 to Oct 3, 1953, that I last saw the deceased alive on Oct 3, 1953, and that death occurred at 10.15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): David A Brewer M.D. — ADDRESS: Clear Spring Md. — DATE SIGNED: 10/6/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 6-53 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Clear Spring, Md.

DATE REC'D BY LOCAL REGISTRAR: Oct 6-53 — REGISTRAR'S SIGNATURE: Joseph W Murray — 24. FUNERAL DIRECTOR ADDRESS: Edward T Rowland Clear Spring, Md.

VS. A15

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BUREAU V. S.

Film#G160 Item# 8,9, 12/23/53 cmp

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 303

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Hagerstown
LENGTH OF STAY (in this place) 2 Mon.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Maryland.
STREET ADDRESS (If rural, give location) 722 Washington Avenue

3. NAME OF DECEASED (Type or Print) (First) Jacob (Middle) P. (Last) Socks
4. DATE OF DEATH (Month) Oct. (Day) 10, (Year) 1953 19
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Feb. 2, 1881
9. AGE last birthday 68 72 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter
10b. KIND OF BUSINESS OR INDUSTRY Meat Market
11. BIRTHPLACE (State or foreign country) Hagerstown, Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME John A. Socks
14. MOTHER'S MAIDEN NAME Sarah Jane Young
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-09-1959
17. INFORMANT AND ADDRESS Mr. Charles J. Socks- 722 Wash. Ave. Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) arterio sclerotic myocardial heart disease	10yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) myocardial failure grade IV	
	(c) chr glomerular nephritis	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? None

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S R Hartmells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO. MD. ADDRESS 115 N.Potomac St. Hagerstown, Md. DATE SIGNED 10-12-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 13, 1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown, Md. (State)
DATE REC'D BY LOCAL REG. Oct. 13, 1953
REGISTRAR'S SIGNATURE Joseph W. Murray Local
24. FUNERAL DIRECTOR Fred W. Kraiss- ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 , 16

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County L[illegible]p.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 1202 Va. Ave.

3. NAME OF DECEASED: (Type or Print) (First) Hilda (Middle) Mae (Last) Stains

4. DATE OF DEATH: (Month) Oct. (Day) 16 (Year) 1953

5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept. 1, 1894
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Lewistown Md.
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: Samuel L. Finneyfrock
14. MOTHER'S MAIDEN NAME: Catherine Shilt

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. David Myers Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

561.3

Immediate cause (a) Ventral hernia c̄ strangulation of ileum — Interval Between Onset And Death: 4 Shrs

DUE TO perforation of ileum & peritonitis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Atelectasis & bronchitis — 10 hrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 15 Oct 53
19b. MAJOR FINDINGS OF OPERATION: Strangulated hernia
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Oct, 1953, to 16 Oct, 1953, that I last saw the deceased alive on 16 Oct, 1953, and that death occurred at 11:00 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] M.D. ADDRESS Hag. Md. DATE SIGNED 10/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 19, 1953
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Greencastle Pa.

DATE REC'D BY LOCAL REGISTRAR Oct. 19. 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Scott F. [illegible]innich & Son ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 365

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VSA 8-51

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonesboro
LENGTH OF STAY (in this place) 34 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W. Va. COUNTY Jefferson
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bolivar
STREET ADDRESS (If rural, give location) Washington Street

3. NAME OF DECEASED: (Type or Print) (First) BERTHA (Middle) MAE (Last) BAUGHMAN STANTON

4. DATE OF DEATH: (Month) (Day) (Year) October 8, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 21, 1879

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months 8 Days 17 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: High School

11. BIRTHPLACE (State or foreign country): Clarke County, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Cyrus Dosch Baughman

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Dr. Jess Baughman Marion, Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

260X

Immediate cause (a) Generalized Arteriosclerosis — Interval Between Onset and Death: 10 yrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Cerebral Haemorrhage — 24 hrs.

DUE TO

(c) Diabetes Mellitus. — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: C

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 1952, to Oct. 8, 1953, that I last saw the deceased alive on Oct. 7, 1953, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

SIGNATURE J. W. Lellan M.D. (DEGREE OR TITLE) ADDRESS Boonsboro, Md DATE SIGNED 10/9/53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF 10/8/53

NAME OF CEMETERY OR CREMATORY Prospect Hill Cemetery

LOCATION (City, town, or county) (State) Front Royal, Virginia

DATE REC'D BY LOCAL REG. Oct. 9 1953

REGISTRAR'S SIGNATURE John W. Bast

M. FUNERAL DIRECTOR E. Donald Eachles

ADDRESS Bolivar, W.Va.

RECEIVED
OCT 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 301

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
LENGTH OF STAY (In this place) 24 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Greencastle Pike

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
STREET ADDRESS (If rural, give location) Greencastle Pike

3. NAME OF DECEASED (Type or Print) (First) Elmer (Middle) William (Last) Starliper
4. DATE OF DEATH (Month) Oct. (Day) 29 (Year) 19[illegible]

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug. 29 1910
9. AGE last birthday 43 yrs. If under 1 year Months 2 Days 0 If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Lumber Co.
11. BIRTHPLACE (State or foreign country) Sharpsburg Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Starliper
14. MOTHER'S MAIDEN NAME Alice Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY No. 216-07-1163
17. INFORMANT AND ADDRESS Williamsport Md. Pike Edna Kirby Starliper (Greencastle)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

9132 Immediate cause (a) Suicide by Carbon Monoxide Poisoning — INTERVAL BETWEEN ONSET AND DEATH 10 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Williamsport (COUNTY) Washington (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 10-28-53 1140 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Carbon Monoxide Poisoning from his own car

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE Dr. [illegible] (Degree or title) Adv. Dep. Med. Exam. ADDRESS Hagerstown Md. DATE SIGNED 1/31/63

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 1 1953
NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
LOCATION (City, town, or county) (State) Williamsport Md.

DATE REC'D BY LOCAL REG. Oct. 31-1963
REGISTRAR'S SIGNATURE E. Lee McElroy
24. FUNERAL DIRECTOR Edith V. Leaf ADDRESS Williamsport Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1164

REÇU
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr. Kohler

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chewsville
LENGTH OF STAY (in this place) 23 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED: Washington
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chewsville
STREET ADDRESS (If rural give location) Main Street

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) O. Eckstine (Last) Stottlemyer

4. DATE OF DEATH: (Month) Oct. (Day) 7. (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: Nov. 27, 1874

9. AGE last birthday: 78 y

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House Work

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Near Chewsville,

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob C, Eckstine

14. MOTHER'S MAIDEN NAME: Anna Maria Leckrone

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Herman A. Lewis. Chewsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33/X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 10/7/53

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio Sclerosis — 10 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/7/, 1953, to 10/7/53, that I last saw the deceased alive on 10/7/53, and that death occurred at 9.50 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

G. C. Kohler M.D. Smithsburg 10/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Oct. 10, 1953

NAME OF CEMETERY OR CREMATORY Smithsburg Cemetery

LOCATION (City, town, or county) (State) Smithsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR Oct. 8. 1953

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 1
BUREAU V. S

Dr. Conrad

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:
COUNTY: Washington
CITY (If outside corporate limits, write RURAL OR TOWN): Breathedsville
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Md. State Reformatory

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
~~COUNTY: Baltimore~~
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 1041 Myrtle Ave.

3. NAME OF DECEASED: (First) Mingo (Middle) -- (Last) Sunbury, Jr.
4. DATE OF DEATH: (Month) Oct. (Day) 17 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Apr. 21, 1905
9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Labor
11. BIRTHPLACE (State or foreign country): Selem, Russell Cty, Ala.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mingo Sunbury
14. MOTHER'S MAIDEN NAME: Amelia Sunbury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: ----
17. INFORMANT & ADDRESS: State Reformatory records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset And Death: 8 mos
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 14, 1953, to Oct 17, 1953, that I last saw the deceased alive on Oct 16, 1953, and that death occurred at 5:30 A M, from the causes and on the date stated above.
SIGNATURE (Degree or title): Robert P. Conrad, M.D.
ADDRESS: Hagerstown, Md
DATE SIGNED: 10-17-53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 10/21/53
NAME OF CEMETERY OR CREMATORY: Phoenix City Cemetery
LOCATION (City, town, or county) (State): Phoenix City Lee Co. Ala
DATE REC'D BY LOCAL REGISTRAR: OCT. 19 1953
REGISTRAR'S SIGNATURE: John D. Dast
24. FUNERAL DIRECTOR: Andrew K. Coffman, Hagerstown, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 23 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Wash MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 1/2 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Rt COUNTY Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waynesboro, Pa
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Elmer (Middle) Jackie (Last) TRUAX
4. DATE OF DEATH (Month) 10 (Day) 13 (Year) 1953

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH 5/19/01
9. AGE last birthday 52 yrs. If under 1 year: Months 4, Days 24; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Carpenter
11. BIRTHPLACE (State or foreign country) HARRISONVILLE Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME URNER S. TRUAX
14. MOTHER'S MAIDEN NAME MARY LINDA STRAIT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 201-16-0248
17. INFORMANT AND ADDRESS Edith Truax Waynesboro Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral vas. accident
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis
(c) Hypertension

INTERVAL BETWEEN ONSET AND DEATH 4h

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/13, 1953, to 10/13, 1953, that I last saw the deceased alive on 10/13, 1953, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE Tom S. Graff (Degree or title) M.D. ADDRESS 170 W. Wash St. DATE SIGNED 10/13

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF Oct. 16 1953
NAME OF CEMETERY OR CREMATORY Sidling Hill Christian
LOCATION (City, town, or county) Needmore, Fulton Co. Pa. (State)

DATE REC'D BY LOCAL REG. Oct. 14. 1953
REGISTRAR'S SIGNATURE Grace Bowers
24. FUNERAL DIRECTOR J. W. Sipes ADDRESS Harrisonville Pa.

RECEIVED
OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr Ditto

10473

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 1 Month
HOSPITAL OR INSTITUTION OR STREET ADDRESS 732 Virginia Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 732 Virginia Ave

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) WILLARD (Last) WAYCASTER

4. DATE OF DEATH: (Month) Oct (Day) 22 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: July 4 1892
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Coal Miner
10b. KIND OF BUSINESS OR INDUSTRY: ---------
11. BIRTHPLACE (State or foreign country): Shell Creek Tenn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: No Record
14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ------
16. SOCIAL SECURITY No.: 228-01-9120
17. INFORMANT & ADDRESS: Henry Waycaster Perry

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 5 min.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Arteriosclerosis — 15 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Peptic Ulcer — 14 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 18, 1953, to Oct. 22, 1953, that I last saw the deceased alive on Oct. 20, 1953 and that death occurred at 10:10 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Stewart W. Ditto III, MD
ADDRESS 217 W. Washington St.
DATE SIGNED Oct. 23, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10/25/53
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 23 1953
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman
ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown R 2
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania — COUNTY V-55-3
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Uniontown, Rt.
STREET ADDRESS (If rural give location) 65 E. Church Street.

3. NAME OF DECEASED: (Type or Print) (First) J. Herman (Middle) Weaver (Last)

4. DATE OF DEATH: (Month) Oct. (Day) 17, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 11, 1878

9. AGE last birthday: 74 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Foreman- Elect. Power

10b. KIND OF BUSINESS OR INDUSTRY: Co.

11. BIRTHPLACE (State or foreign country): Clear Spring, Md.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: ----------

14. MOTHER'S MAIDEN NAME: Ella Weaver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT & ADDRESS: Ralph Weaver- Clear Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
570.5 Immediate cause	(a) Adrenal cortical insufficency following surgery	3 weeks
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerotic Hypertensive Cardiovascular Disease	unknown
	DUE TO (c) Chronic nephrosclerosis	unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Uremia — 2 weeks

19a. DATE OF OPERATION: September 28, 1953
19b. MAJOR FINDINGS OF OPERATION: Gangrene Intestine Intestinal Obstructions
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 24, 1953 to Oct. 17, 1953, that I last saw the deceased alive on Oct. 17, 1953 and that death occurred at 9:05 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title) Willis Robert Cohen M. D. ADDRESS Clear Spring, Maryland DATE SIGNED October 20, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 20-53
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Clear Spring, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 20, 1953
REGISTRAR'S SIGNATURE Robert Bowers
24. FUNERAL DIRECTOR Fabian H. Rowland
ADDRESS Clear Spring, Md.

VS. 15

RECEIVED
OCT 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10475

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hagerstown, Md.
LENGTH OF STAY (in this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 134 William Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Md
STREET ADDRESS (If rural give location) 134 William Avenue

3. NAME OF DECEASED: (Type or Print) (First) Fred (Middle) (no) (Last) William

4. DATE OF DEATH: (Month) 10 (Day) 12 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: 11-10-1891

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: private family

11. BIRTHPLACE (State or foreign country): Nebraska, Okla.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: John William

14. MOTHER'S MAIDEN NAME: Unknow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 212-14-6494

17. INFORMANT & ADDRESS: Edna M William 134 William Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X Immediate cause (a) Hypertension Cardio-Vascular Disease — Interval Between Onset And Death: 2

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) arterio-sclerosis? — ?!
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 19b. MAJOR FINDINGS OF OPERATION: 0 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) 0 PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 0 (CITY OR TOWN) 0 (COUNTY) 0 (STATE) 0

TIME OF INJURY (Month) 0 (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from Jan 1, 1952 to Oct 12, 1953, that I last saw the deceased alive on 10/14, 1953, and that death occurred at 7:00 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Victor D Miller M.D. DR. VICTOR D. MILLER ADDRESS HAGERSTOWN, MD. DATE SIGNED 10/14 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 10-15-1953 | NAME OF CEMETERY OR CREMATORY Bellevue Cemetery | LOCATION (City, town, or county) Hagerstown, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR Oct. 15, 1953 | REGISTRAR'S SIGNATURE Elias H. Bowers | 24. FUNERAL DIRECTOR John R Watson | ADDRESS of Hagerstown Md

OCT 10 1953

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 398 Bryan Place

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 398 Bryan Place

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Frank (Last) Wilson

4. DATE OF DEATH: (Month) Oct. (Day) 11 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-17-1914

9. AGE Last birthday: 39 yrs. IF UNDER 1 YEAR Months 0 Days 24 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Guard

10b. KIND OF BUSINESS OR INDUSTRY: Penal Farm

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank G. Wilson

14. MOTHER'S MAIDEN NAME: Ida Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) W.W.#2

16. SOCIAL SECURITY NO.: 214-09-8891

17. INFORMANT & ADDRESS: Mrs. J. F. Wilson, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
420.1 Immediate cause	(a) DUE TO	Myocardial Infarction due to coronary arteryocclusion	6 hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	Coronary artery sclerosis	4 years
	(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 4, 1949, to Oct. 11, 1953, that I last saw the deceased alive on Oct. 11, 1953, and that death occurred at 10:40 am., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles Robert Cohen M. D. ADDRESS Clear Spring, Maryland DATE SIGNED Oct. 12, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10-14-1953 — NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery — LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Oct 13, 1953 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Maryland

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10545

CERTIFICATE OF DEATH

Reg. Dist. No. 303

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
   COUNTY Washington MARYLAND
   CITY (If outside corporate limits, write RURAL) OR TOWN Hagerstown n Md RFD #4 X
   LENGTH OF STAY (in this place) 24 yrs.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Clearfoss Md. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE Maryland COUNTY Washingt on
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Md RFD #4 X
   STREET ADDRESS (If rural give location) Near Clearfoss Md.

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) Virginia (Last) Wolff

4. DATE OF DEATH: (Month) Oct. (Day) 26 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Feb. 15 1880

9. AGE Last birthday: 73 yrs. IF UNDER 1 YEAR Months 8 Days 15 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Franklin Co. Pa. 35

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jonn Bingaman

14. MOTHER'S MAIDEN NAME: Alice Murray

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Hagerstown Md RFD #4 Mr John A Wolff Near Clearfoss Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause 420.1	(a)	Coronary Thrombosis	Sudden
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Arterial Sclerosis	10 yrs.
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1953 to Oct 26, 1953, that I last saw the deceased alive on Oct 20, 1953, and that death occurred at 10.30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) David R Bowen M.D. ADDRESS Clear Spring Md. DATE SIGNED 10/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Oct. 29-1953 | NAME OF CEMETERY OR CREMATORY Broadfording Cemetery | LOCATION (City, town, or county) (State) Broadfording Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 28-53 | REGISTRAR'S SIGNATURE Lucy M. Fokler (Deputy)

24. FUNERAL DIRECTOR Edith V Leaf ADDRESS Williamsport Md.

VS. A15

RECEIVED
NOV 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10477

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN 03
LENGTH OF STAY (in this place) 1 WEEK
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL SMITHSBURG X
STREET ADDRESS (If rural give location) SMITHSBURG RT.#2

3. NAME OF DECEASED: (Type or Print) (First) TILLIE (Middle) R. (Last) WOLFINGER
4. DATE OF DEATH: (Month) OCT. (Day) 3 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 9/12/1883
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): VIRGINIA 43
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FRANK DORMAN
14. MOTHER'S MAIDEN NAME: ELLA MILTENBERGER

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: MR. D. WEBSTER WOLFINGER RT.#2 SMITHSBURG MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 6 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Vascular disease — 3 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2.44 Sept. 26, 1953, to Oct. 2, 1953, that I last saw the deceased alive on Oct. 2, 1953, and that death occurred at 4:05 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clard A. Hoffman, ADDRESS 214 N. Potomac St. Hagerstown Md. DATE SIGNED Oct 4 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10/5/53
NAME OF CEMETERY OR CREMATORY Rose Hill Cem.
LOCATION (City, town, or county) Hagerstown (State) Md.
DATE REC'D BY LOCAL REGISTRAR Oct. 3, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR W. T. Norment, ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
OCT 7 1953
BUREAU V. S.

Dr Hoffman